

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-10-2006 90043 012 ****50.00

DOCUMENT # L05000038239 1. Entity Name NORTHWEST FLORIDA LOCATIONS, LLC					
Principal Place of Business 12815 US HWY 98 SUITE 108 DESTIN, FL 32541 US			Mailing Address POST OFFICE BOX 6773 DESTIN, FL 32550 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCGILL, ROBERT E III 36008 EMERALD COAST PARKWAY SUITE 301 DESTIN, FL 32541				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning).					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	managing member John A. King, Sr. 4101 Indian Bayou N. Destin, FL 32541		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR John A. King, Sr. 4101 Indian Bayou N. Destin, FL 32541	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	member Tommy R. Williams, Sr. 602 Harbor Blvd., Unit 102 Destin, FL 32541		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Tommy R. Williams Sr. 602 Harbor Blvd., Unit 102 Destin, FL 32541	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>[Signature]</i>, John A. King, Sr., Managing Member					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				4/6/06 (850) 837-6777 Date Daytime Phone #	